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CONFIRMATION NO. 6004

<b>SERIAL NUMBER</b> 10/713,755	<b>FILING OR 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3715 3714 KYF	<b>ATTORNEY DOCKET NO.</b> 2100632-991126
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## APPLICANTS

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YES KYF

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/912,681 07/24/2001 ABN and is a CIP of 09/350,791 07/09/1999 PAT 6,299,452

YES KYF

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None KYF

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: [Signature] Initials: KYF	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 1
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## ADDRESS

30623

## TITLE

Diagnostic system and method for phonological awareness, phonological processing, and reading skill testing

<b>FILING FEE RECEIVED</b> 619	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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